

## Court of Appeal, First Appellate District Mediator's Statement

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PLEASE MAIL WITHIN 10 DAYS OF THE COMPLETION OF THE MEDIATION TO:  
JOHN TOKER, MEDIATION PROGRAM ADMINISTRATOR  
COURT OF APPEAL, FIRST APPELLATE DISTRICT  
350 McALLISTER STREET  
SAN FRANCISCO, CA 94102  
OR FAX TO 415-865-7374

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*Please complete this statement without breaching confidentiality.*

**TODAY'S DATE:** \_\_\_\_\_

**Case Name:** \_\_\_\_\_ **Case No:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Type of case:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Business/Contract | <input type="checkbox"/> Insurance             | <input type="checkbox"/> Personal Injury           |
| <input type="checkbox"/> Construction      | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Prof. Negl. (Non-Medical) |
| <input type="checkbox"/> Employment        | <input type="checkbox"/> Medical Malpractice   | <input type="checkbox"/> Real Estate               |
| <input type="checkbox"/> Family Law        | <input type="checkbox"/> Partnership           | <input type="checkbox"/> Other ( <i>specify</i> ): |
- 

**Preparation time (*in tenths*):** \_\_\_\_\_ **hours**      **Total session time (*in tenths*):** \_\_\_\_\_ **hours**

**No. of sessions:** \_\_\_\_\_      **Follow up time (*in tenths*):** \_\_\_\_\_ **hours**

**Total mediation fee for all parties (if any):** \$ \_\_\_\_\_      **Total expenses (if any):** \$ \_\_\_\_\_

**How did the case resolve?:**

- Full resolution       Resolution of some issues (*How many?:* \_\_\_\_\_)       No resolution  
 Other (*specify*) \_\_\_\_\_
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**The case did not fully resolve because:**

- An essential party did not participate       One or more of the parties did not have authority to settle  
 The parties reached an impasse       Other (*specify*): \_\_\_\_\_
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**If the mediation resolved more than one dispute, check all that were resolved:**

- Another appeal       A trial court matter       A matter not in litigation

**Was your primary style in this case**       **Facilitative**       **Directive/Evaluative?**

**Were counsel**       **Trial attorneys**       **Appellate attorneys**       **Both?**

**Did you distribute evaluation forms?**       **Yes**       **No**

**On a scale of 1 (*very dissatisfied*) to 5 (*very satisfied*) please rate the Court's mediation program as to:**

- Efficiency (*scheduling, etc.*)       Paperwork  
 Courtesy and cooperation       Pro bono requirement

**Comments on the above, including suggestions for program improvements:**